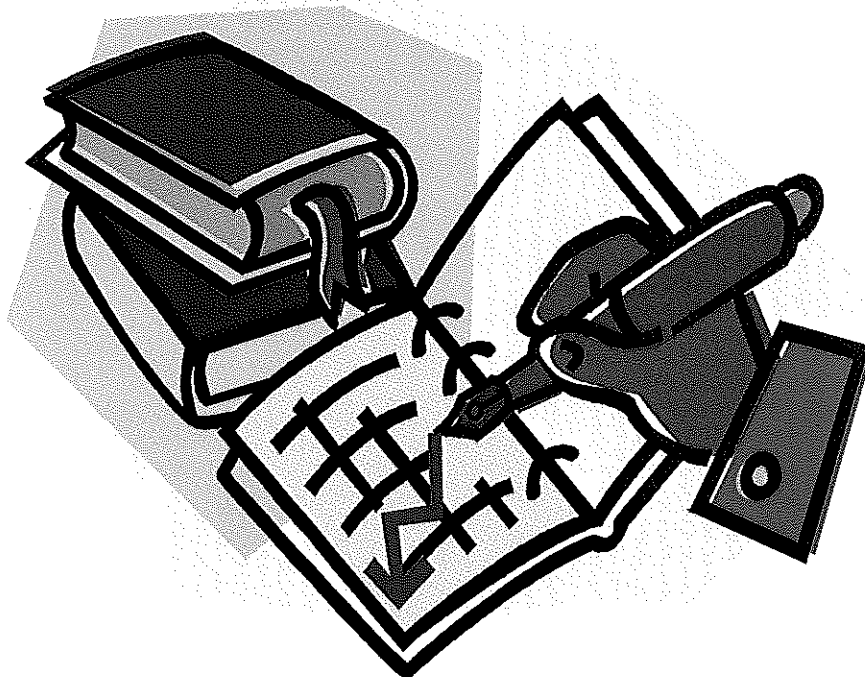


**IN-HOME SUPPORTIVE SERVICES/
PERSONAL CARE SERVICES PROGRAM**

**QUALITY ASSURANCE/
QUALITY IMPROVEMENT**

MONITORING ACTIVITIES REPORT



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QUALITY ASSURANCE MONITORING ACTIVITIES REPORT

BACKGROUND

California Welfare and Institution Code Section 12305.71 requires each county to establish a dedicated, specialized In-Home Supportive Services/Personal Care Services Program (IHSS/PCSP) Quality Assurance (QA) function or unit and specifies activities the unit is to perform. Under this Section, counties are required to perform routine, scheduled reviews of supportive services cases for appropriate application to the IHSS/PCSP uniformity system and other IHSS/PCSP rules and policies for assessing participants' needs for services. Case reviews are to be conducted to ensure accurate assessments of needs and hours, respond to data claim matches indicating potential overpayments, implement procedures to identify third-party liability, monitor the program to detect and prevent fraud, and to ensure program integrity. This Section also requires State monitoring oversight to counties.

The California Department of Social Services (CDSS) provides oversight to county QA activities by requesting counties to submit a quarterly report on their Quality Assurance/Quality Improvement (QA/QI) activities conducted. Counties are required to report activities conducted during the report quarter to CDSS no later than the 15th day after the report quarter ends. The CDSS developed the IHSS Quarterly Report form (SOC 824) for this purpose and counties were instructed to begin reporting activities from October 1, 2005, forward.

The State QA Bureau provides oversight to counties by monitoring their QA activities and providing technical assistance. The State also conducts joint QA activities with counties which include QA monitoring visits for each county with case file reviews, State-level targeted reviews, data matches, and annual error-rate studies.

This report reflects county QA activities as reported on the SOC 824 form from January 1, 2007 through December 31, 2007 (1st through 4th quarters) and State monitoring activities for Fiscal Year 07/08.

Note: For a summary of report terminology, please see the following page.

SUMMARY OF TERMINOLOGY*

Reviewed Cases with No Further Action Required: Case files reviewed during the quarter that did not require further action (i.e., file does not require follow-up documentation to be complete, forms are filled out properly, no fraud, or other referrals needed, etc.), and case service authorizations appear to be accurate based on case file documentation.

Reviewed Cases Requiring Additional Action: Case files reviewed during the quarter that required additional action to be taken (i.e., case file requires follow-up, documentation is incomplete, forms are not filled out properly, fraud, or other referrals needed; or more clarifying information is needed to determine if services authorized were appropriate).

Reviewed Cases with Correct Service Authorization: Desk reviewed case files and home visits conducted during the quarter where all service authorizations were determined to be accurate.

Reviewed Cases Requiring Case Action that did not Result in a Change in Service Authorizations: Desk reviewed case files and home visits conducted where some type of error was found (i.e., incompleteness of appropriate forms, insufficient documentation, untimely assessments/reassessments, etc.), but the error did not result in a change in service authorization.

Reviewed Cases Resulting in a Change in Service Authorizations: Desk reviewed case files and home visits conducted that required additional action that did result in a change in service authorizations.

Suspected Fraud Cases Identified Through QA/QI Activities Requiring Further County Review: Desk reviewed case files and home visits requiring further county review prior to making a fraud referral.

Cases Identified Through QA/QI Activities Referred to the California Department of Health Care Services (CDHCS) for Investigation: Desk reviewed cases and home visits conducted that were referred to CDHCS for further investigation or suspected fraud.

Critical Events/Incidents Identified: A critical event/incident is when there is an immediate threat or risk to the health and safety of a recipient (i.e., abuse - physical, sexual, mental, financial, and exploitation; neglect cases; provider "no show" cases; and "harmful-to-self" cases).

Targeted Reviews: Targeted case reviews differ from routine scheduled desk reviews. Targeted reviews focus on a particular case type and/or single issue rather than focusing on randomly selected consumers receiving various types of services at the appropriate level that allows them to remain safely and independently in their home.

**These terms were obtained from the instruction page of the SOC 824 form.*

COUNTY-REPORTED ACTIVITIES (SOC 824)

Reporting Period January 1, 2007 through December 31, 2007

Routine Scheduled Reviews of In-Home Supportive Services Cases

This report summarizes the cumulative data obtained from the Quarterly Report activities utilizing the SOC 824 form. This report represents activities for the four quarters of Calendar Year 2007 (January 1 through December 31, 2007).

Desk Reviews

- There were 19,940 statewide desk reviews conducted.
 - 18,120 PCSP
 - 1,614 IPW
 - 206 IHSS-R
- Out of the total 19,940 statewide desk reviews, 7,014 cases required no further action.
 - 6,467 PCSP
 - 471 IPW
 - 76 IHSS-R
- Out of the total 19,940 statewide desk reviews, 12,926 cases required additional action.
 - 11,653 PCSP
 - 1,143 IPW
 - 130 IHSS-R

Home Visits

- There were 3,883 statewide home visits conducted.
 - 3,587 PCSP
 - 251 IPW
 - 45 IHSS-R
- Out of the total 3,883 statewide home visits conducted, 1,764 cases required no further action.
 - 1,654 PCSP
 - 89 IPW
 - 21 IHSS-R

- Out of the total 3,883 statewide home visits conducted, 2,119 required further actions.
 - 1,933 PCSP
 - 162 IPW
 - 24 IHSS-R
- Out of the total 23,823 combined statewide desk reviews and home visits conducted, 8,778 cases had correct service authorization.
 - 8,121 PCSP
 - 560 IPW
 - 97 IHSS-R
- Out of the total 23,823 combined statewide desk reviews and home visits conducted, 9,509 cases required case action, but **did not** result in a change in service authorization.
 - 8,613 PCSP
 - 816 IPW
 - 80 IHSS-R
- Out of the total 23,823 combined statewide desk reviews and home visits conducted, 3,622 cases **did** result in a change in service authorizations.
 - 3,352 PCSP
 - 239 IPW
 - 31 IHSS-R

Note: Because of cases pending a determination at the end of the reporting period, and cases resolved during this period which were pending from the prior reporting period, the summation of the three previous categories will normally *not* equal the total case reviews conducted.

Fraud Prevention and Detection Activities

- Out of the total 23,823 combined statewide desk reviews and home visits, 1,076 cases required further county review pertaining to fraud prevention/detection.
 - 1,042 PCSP
 - 23 IPW
 - 11 IHSS-R
- Out of the total 23,823 combined statewide desk reviews and home visits, 557 cases were referred to CDHCS for further investigation.
 - 523 PCSP
 - 9 IPW
 - 25 IHSS-R

- Out of the total 23,823 combined statewide desk reviews and home visits, 147 underpayment actions were initiated as a result of QA activities.
 - 131 PCSP
 - 15 IPW
 - 1 IHSS-R
- Out of the total 23,823 combined statewide desk reviews and home visits, 281 non fraud-related cases warranted overpayment actions as a result of QA activities.
 - 262 PCSP
 - 18 IPW
 - 1 IHSS-R
- Out of the total 23,823 combined statewide desk reviews and home visits, 256 fraud-related cases warranted overpayment actions as a result of QA activities.
 - 248 PCSP
 - 5 IPW
 - 3 IHSS-R
- There were 786 statewide cases that fell into the "Other Types of Fraud Prevention and Detection Activities" category. Areas in this category include "referred to county DA investigators," "reviewed warrant screens on closed cases" and "obituaries."

Critical Events/Incidents Identified

- There were 112 statewide critical incidents identified.
 - 109 PCSP
 - 3 IPW
 - 0 IHSS-R
- There were 16 statewide Neglect cases.
 - 16 PCSP
 - 0 IPW
 - 0 IHSS-R
- There were 27 statewide Abuse cases.
 - 25 PCSP
 - 2 IPW
 - 0 IHSS-R
- There were 20 statewide Provider "No Show" cases.
 - 20 PCSP
 - 0 IPW
 - 0 IHSS-R

- There were 28 statewide "Harmful-to-Self" cases.
 - 28 PCSP
 - 0 IPW
 - 0 IHSS-R
- There were 6 statewide "With More Than One Critical Events/Incidents" cases.
 - 6 PCSP
 - 0 IPW
 - 0 IHSS-R
- There were 14 statewide cases that fell into the "Other Types of Critical Events/Incidents" category. Areas in this category include "Public Authority referral," "Unable to Locate Client Notice of Action," and "Notice of Action."

Critical Events/Incidents Requiring a Response within 24 Hours

- There were 133 statewide critical incidents requiring a response within 24 hours.
 - 127 PCSP
 - 4 IPW
 - 2 IHSS-R
- There were 64 statewide "Adult Protective Services Referral" cases.
 - 62 PCSP
 - 2 IPW
 - 0 IHSS-R
- There were 2 statewide "Child Protective Services Referral" cases.
 - 1 PCSP
 - 0 IPW
 - 1 IHSS-R
- There were 4 statewide "Law Enforcement Referral" cases.
 - 3 PCSP
 - 1 IPW
 - 0 IHSS-R
- There were 49 statewide "Public Authority Referral" cases.
 - 48 PCSP
 - 1 IPW
 - 0 IHSS-R

- There were 5 statewide "Out-of-Home Placement Referral" cases.
 - 5 PCSP
 - 0 IPW
 - 0 IHSS-R
- There were 9 statewide cases that fell into the "Other Types of Critical Events/Incidents Requiring a Response within 24 Hours" category. Areas in this category include "mental health," "suicide attempt disclosed at QA home visit," "child protective referral with 10-day response," and "housing."

Targeted Reviews

- There were 19,875 targeted reviews.
 - 17,091 PCSP
 - 2,378 IPW
 - 406 IHSS-R
- The top three focuses were:
 - 1,495 Authorization of Services for Children
 - 1,335 combined statewide total of Timely Initial/Re-assessments
 - 243 Initial Assessments
 - 1,092 Re-assessments
 - 1,187 Recipient Advised of Availability of Fingerprinting of Providers
- Thirty-nine counties reported cases that fell into the "Other Types of Target Reviews" category. The top categories include "ending date within 12 months from face to face date," "emergency contact," "no timesheet activity for 60 days," and "paramedical reviews."

Quality Improvement Efforts

- A total of 549 statewide Quality Improvement Efforts were reported during Calendar Year 2007. The following is a list of the top eight efforts:
 - Developed QA Tools/Forms and/or Instructional Materials.
 - Ensured Staff Attended IHSS Training Academy.
 - Offered County Training on Target Areas.
 - Conducted Corrective Action Updates.
 - Established Tools for QA/QI Fraud Prevention/Detection.
 - Established Improvement Committees.
 - Utilized Customer Satisfaction Surveys.
 - Performed 'Other' Quality Improvement efforts (i.e., weekly IHSS staff meeting for QA updated, developing desk aides for children's cases, tracking fraud, providing HTG training, etc.).

STATE QA MONITORING OVERSIGHT ACTIVITIES

Reporting Period July 1, 2007 through June 20, 2008

State QA Reviews FY 07/08:

41 out of 58 counties participated in a third round of State QA monitoring reviews during FY 2007-08. 17 counties were not visited due to budgetary issues and county status. Approximately 1,883 case files were reviewed, along with 80 home visits. A summary of the preliminary findings suggests that QA, particularly statewide training, continues to have a positive impact since findings reflect improvement/uniformity from the previous year's State reviews in the following areas:

- Timely Notice of Actions (NOAs) for adverse action
- Appropriately documenting needs assessments, including client abilities and social worker observations, not relying solely on medical diagnoses, and providing calculations
- Application of Paramedical Services
- Provider Enrollment forms are on file and complete
- Protective Supervision is well documented/justified
- Documentation included when domestic and related services are not prorated
- Exception language provided when time authorized outside of Hourly Task Guidelines

CDSS Targeted Studies

In an effort to ensure that counties statewide maintain at least a 90 percent timely assessment rate for their caseload based upon a 12 month average, CDSS continues to conduct targeted reviews with regard to timely reassessments.

- CDSS performed the first targeted review of counties' overdue reassessments using data for the period of March 2006 through April 2007 and found 15 counties were not meeting the 90% compliancy mark. These counties were asked to submit a Quality Improvement Action Plan (QIAP) outlining how and when they would achieve compliancy within 12 months. All 15 counties submitted QIAPs and regularly provide CDSS with quarterly updates as to their progress.
 - Status: As of April 2008, 7 of the counties under QIAP are averaging greater than 90% compliancy.
- CDSS will perform a second targeted review in this area using CMIPS data for the period of July 2007 through June 2008. Counties identified as falling below the 90 percent average during this period will be required to submit a QIAP. Counties identified in the first targeted review as being out of compliance, and who remain out of compliance, will be required to submit a more comprehensive plan for achieving compliancy.

CONCLUSION:

We continue to see the positive impact of QA and look forward to our continual collaborative efforts to ensure improvement and consistency in the delivery of services for all IHSS recipients and to minimize the potential for abuse or misuse of program funds, to enable more funds to be available to serve those in need.